

making two examinations with the laryngoscope—one on November 15, 1867, and the other November 18th. At the first, the epiglottis was found somewhat irregular in shape, but free from inflammation or swelling; the ventricular bands, cartilages of Wrisberg, and capituli Santorini of both sides, were enlarged to twice their normal size, and of redder colour than natural, but showing no signs of ulceration. The vocal cords, of which only a small portion could be seen past the swollen parts in front, presented a notched appearance, but no excrescence of any kind could be discovered.

At the second examination, three days later, considerable difficulty was experienced on account of the supervention of an acute attack, from an imprudent exposure to inclement weather.

It was, of course, necessary to close the tracheal opening, in order that the epiglottis might open fully, and this could not be tolerated for more than one minute at a time, because of dyspnœa.

The vocal cords could not be discerned at all, on account of the swelling; the larynx was entirely closed; its interior presenting just the appearance of a piece of raw beef. I was not able to separate its different parts, one from another with the eye.

This condition, I think, must have been similar to that which made tracheotomy necessary.

December 7. Encephaloid Abdominal Cancer.—Dr. J. F. THOMPSON presented a specimen with the following history:—

L. A. McC., æt. 33, lawyer by profession, but for several years previous to death a clerk in one of the government departments; poor health for the past two years, and had frequently consulted physicians. At this time the patient was conscious of a tumour in the abdominal cavity, which he himself thought was a disease of the stomach, and in consequence would diet himself, sometimes abstaining from meat for a long time; at other times from some other article of diet, which he imagined gave rise to the unpleasant sensations and severe pains which he experienced. He continued gradually to grow worse, becoming thin and cachectic, but was not confined to the house, nor prevented from attending to his ordinary duties, until a few days before his death.

Dr. A. Y. P. Garnett was called to see him, Oct. 28th, and visited him also on the morning of the 29th. He observed the tumour which at this time was well defined, and ordered appropriate remedies to relieve pain and improve his general condition. He was sent for again in the evening in great haste, and on arriving at the house found the man had died suddenly. It appeared that his sister had left him comfortable at 8 o'clock, and on returning to the room in half an hour found him dead.

Autopsy seventeen hours after death, in presence of Drs. Miller, Stone, Blanchard, Garnett, and Ashford.—Discoloration of sides and back of trunk and back of neck from venous congestion. Large tumour in right lumbar, encroaching upon the umbilical region; this tumour was situated just below the right lobe of the liver, and in front of right kidney; was covered with peritoneum, slightly movable laterally, but immovable vertically; it was free from adhesions in front and at sides, but posteriorly strongly adhered to coats of aorta and ascending vena cava. It seemed to be developed in the cellular tissue between these vessels, since they were separated to the extent of $2\frac{1}{2}$ inches, leaving this much of the tumour between them, not at all adherent to the parts beneath. The

aorta and vena cava being cut above and below, the tumour was removed without difficulty. It measured $9\frac{1}{2}$ inches in circumference, and weighed 12 ozs. ; quite soft to the touch, about the consistence of healthy brain, but at some points softer. The aorta was slit up posteriorly and its cavity found natural; the anterior surface was strongly attached to the coverings of the tumour, as already mentioned. The vena cava was opened in like manner, and at the centre of its anterior wall a rupture of its coat was discovered, which presented very much the appearance of an ulcer. It measured an inch vertically, and half an inch transversely, and was surrounded by a prominent border of clotted blood. This rupture, I believe to have been the cause of death. The surface of the tumour thus exposed, was concave, cup-like, as though a teaspoonful of its substance had been dipped out; abdominal organs healthy; heart perfectly natural; contained some blood, but the relative quantity in the two sides was not remarked; no clots in either side, but the pulmonary artery was completely filled up with a firm hard clot, which extended into each lung; lungs healthy and natural, with the exception of a small, hard tubercle in the right. No examination of cranium made.

An interesting question arises in this case as to what relation this rupture of vena cava had to the immediate cause of death. In my opinion it is not necessary to go farther. The cancerous matter, of which there must have been considerable, having entered the venous circulation, was carried through the heart directly to the lungs, interfered with the circulation in the smaller arteries and capillaries, producing the clot found in the pulmonary artery, and thus brought about the fatal result.